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President: Mr. Lykketoft ..... (Denmark)

The meeting was called to order at 10.05 a.m.

Agenda item 11 (*continued*)

Implementation of the Declaration of Commitment on HIV/AIDS and the political declarations on HIV/AIDS

High-level meeting of the General Assembly on HIV/AIDS

Draft resolution (A/70/L.52)

The President: I declare open the high-level meeting of the General Assembly on HIV/AIDS. This meeting is being held in accordance with resolutions 70/228 of 23 December 2015 and decision 68/555 of 30 June 2014.

I warmly welcome everyone to this high-level meeting, which will undertake a comprehensive review of the focus achieved in realizing the Declaration of Commitment on HIV/AIDs and the political declarations on HIV/AIDS of 2006 and 2011, including successes, best practices, lessons learned, obstacles and gaps, challenges and opportunities, including with regard to partnership and cooperation, the recommendations to guide and monitor the HIV/AIDS response beyond 2015; and concrete strategies for action to end the AIDS epidemic by 2030 and to promote the continued commitment and engagement of leaders to accelerate a comprehensive, universal and integrated response to HIV/AIDS.

The General Assembly has before it a draft political declaration in document A/70/L.52. Before proceeding further, I would like to inform members that action on the draft political declaration on HIV and AIDS will be taken following the opening statements.

At the outset, allow me to extend a special welcome to Ms. Loyce Maturu, representative of people living with HIV, and Mr. Ndaba Mandela, AIDS activist and grandson of the late Nelson Mandela. I also wish to sincerely thank the United Nations Programme on HIV/AIDS for its enormous support in the preparations for this meeting.

Nelson Mandela once described HIV/AIDS as the greatest danger we have faced for very many centuries and as being worse than a war. How right he was. It is hard to believe and hard to accept that some 34 million people have died from AIDS-related diseases and that 14 million children have been orphaned as a result. It is even harder to believe, and we should not accept, that in this world of incredible possibility, approximately 6,000 new HIV infections occur daily and that some 36.9 million people are living with HIV.

Today is the moment, therefore, that we collectively signal our intentions to strike out for victory, to fast-track efforts over the next five years, and to end the AIDS epidemic by 2030. It is an epidemic that undermines development, significantly impacts economic growth and can be a major concern in conflict and post-conflict situations. But most of all, it is an epidemic that haunts ordinary people, particularly in developing countries — those who are living with, at risk of and affected by HIV, as well as their families. It affects women and girls more than any other group, such as in sub-Saharan Africa, where women and girls are more

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than twice as likely to become HIV-positive than boys of the same age.

It can have tragic impacts for young people who account for more than one-third of all new HIV infections among adults, and who often have limited access to information, services and programmes that they need to protect themselves from HIV. And it greatly impacts certain key populations that are globally at higher risk of HIV, such as people who inject drugs, sex-workers, men who have sex with men, transgender people and prisoners. Over the coming days, let us be both mindful of and listen to those people.

In recent years, thanks to the political commitment of world leaders and the incredible solidarity, innovation and bravery of others, we have been making strong progress towards the goals and targets set out in 2011. But if we want to reach our 2030 goals and targets, and deliver on the political declaration that members will consider shortly, all stakeholders must now step up to the plate. We have to deliver greater global solidarity, bring more resources to bear and spend them more efficiently. We have to promote even greater collaboration and partnership, building on the many excellent initiatives created these past two decades aimed at prevention, treatment, care and support. We have to pay much greater attention to the principles of equality and inclusion, uphold all human rights and speak out against discrimination and stigma.

We have to empower women and girls, ensure that they gain access to sexual and reproductive health and reproductive rights, and that they can live their lives free from violence. We have to ensure that key populations are fully included in AIDS responses and that services are made available to them. Ultimately, we have to be accountable for the commitments we make on big stages like this one to leave no one behind and to deliver on the Sustainable Development Goals, including by securing healthy lives and well-being for all.

Ending the AIDS epidemic would be one of the greatest achievements of our lifetimes. It can be done and it must be done.

I now give the floor to His Excellency Secretary-General Ban Ki-moon.

The Secretary-General: It is a great pleasure to be here with everyone today to open this important high-level meeting on HIV/AIDS.

Ten years ago, when I took over as Secretary-General, AIDS was still devastating families, communities and nations. In many low-income countries, treatment was scarce. In 2007, only 3 million people — one-third of those in need — had access to life-saving antiretroviral drugs. We have made enormous progress. Since 2000, the global total of people receiving antiretroviral treatment doubled every three to four years, thanks to cheaper drugs, increased competition and new funding. Today, more than 17 million people are being treated, saving millions of lives and billions of dollars.

The world achieved Millennium Development Goal 6. We have halted and begun to reverse the spread of HIV/AIDS. New HIV infections have declined by 35 per cent since 2000. AIDS-related deaths have gone down by 43 per cent since 2003. I am particularly happy that new HIV infections among children are down by 56 per cent in the past 15 years. Four countries — Cuba, Thailand, Armenia and Belarus — have eliminated them completely. I hope that we will reach zero new infections among children soon.

None of this could have happened without the leadership of people living with HIV and civil society partners on the ground around the world. They believed that more equitable treatment and access was possible, and they made sure that we responded. They broke the silence and shone a light on discrimination, intolerance and stigma. They brought passion to their fight, and that passion will make the end of AIDS a reality.

Progress and investment in the AIDS response have changed the face of global health. They have strengthened health systems, social protection and community resilience. Those approaches and mechanisms are a model for meeting the many challenges that result in repeated disease outbreaks and new epidemics. But AIDS is far from over. Over the next five years, we will have a window of opportunity to radically change the trajectory of the epidemic and put an end to AIDS forever. Despite remarkable progress, if we do not act there is a danger that the epidemic will rebound in low- and middle-income countries.

The 2030 Agenda for Sustainable Development (resolution 70/1) affirms the global commitment to ending the epidemic within 15 years. Action now could avert an estimated 17.6 million new infections and 11 million premature deaths between 2016 and 2030. But we must make a radical change within the next five years if we are to achieve that goal. That requires

commitment at every level — from the global health infrastructure to all Member States, civil society organizations and non-governmental organizations, and to the Security Council, which has dealt with AIDS as a humanitarian issue and a threat to human and national security.

I call on the international community to reinforce and expand the unique, multisector, multi-actor approach of the United Nations Programme on HIV/AIDS, as an integral element of the 2030 Sustainable Development Agenda. That means making sure that we meet the annual target of $26 billion in funding, including $13 billion for the next three years, through the fifth replenishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria. It means continued advocacy to the most vulnerable groups, and approaches that promote gender equality and empower women. It means leaving no one behind and removing punitive laws, policies and practices that violate people's dignity and human rights. It means that everyone affected must have access to comprehensive HIV services, without discrimination — young people, migrants, women and girls, sex-workers, men who have sex with men, people who inject drugs, transgender people and prisoners.

And it means that this meeting must issue a strong political declaration to galvanize the commitment that will be needed to meet that challenge. The future of people with HIV/AIDS, many of whom are children and among the most vulnerable, must be central to every decision. I thank the representatives who have been working to reach consensus on the draft declaration.

This may be my last address to the General Assembly on the subject of HIV/AIDS. This cause has moved and inspired me. Together, the most marginalized, the people left behind, the extraordinary health and social workers on the ground, UNAIDS and the Member States have shown great commitment and resolve to ending the epidemic once and for all and to leaving an AIDS-free world for future generations. The AIDS response is a source of innovation and inspiration, demonstrating what is possible when science, community activism, political leadership, passion and compassion come together. I commend everyone involved in this remarkable effort, and I wish the Assembly success in its deliberations and in ending the worldwide scourge of HIV/AIDS.

The President: I thank the Secretary-General for his statement.

It is my great pleasure, in accordance with resolution 70/228 of 23 December 2015, to now give the floor to Mr. Michel Sidibé, Executive Director of the Joint United Nations Programme on HIV/AIDS.

Mr. Sidibé (Joint United Nations Programme on HIV/AIDS): At the outset, allow me to express my thanks to the President of the General Assembly, the co-facilitators, the Secretary-General and the representatives of Member States here today for helping us to draft one of the most important political declarations on HIV/AIDS (A/70/L.52, annex). I know it was not easy. I know it was complex, but the political declaration will certainly help us to close a door and to open a new one for ending AIDS.

I just want to begin by noting that the Charter of the United Nations begins with three powerful words: "We the peoples". I stand before the Assembly today to say that we the peoples have broken the trajectory of the HIV/AIDS epidemic. Together, we have been able to deliver on Millennium Development Goal 6. We have significantly lowered the rates of new infections and reduced AIDS-related deaths. We have delivered on the 2011 Political Declaration. I know it was not easy, because I remember that in this Hall in 2001 someone took the floor and told us that we could not give treatment to poor people, that they would not be able to fulfil the protocol, and that it would be too expensive to pay for them. Of course, treatment was then $15,000 per person per year.

But we have been able to prove them wrong. We managed to break the price; we reduced the price. Today, we are talking about a cost of less than $100 per person per year, and we have been able to put people on treatment, as the Secretary-General mentioned. We have been able to reach more than 15 million people, just as the Political Declaration requested, and we did so eight months before the designated end date. We even exceeded that goal and managed to have more than 17 million people on treatment. That achievement would never have been possible without the commitment and hard work of the Member States.

On behalf of those people whose lives were saved and whom we will never have a chance to meet, I wish to thank the Assembly for its support. I want to share the great news today. This is indeed the first time in the history of HIV/AIDS that we can say that Africa has been able to reach the tipping point. It is indeed the first time that we have more people in treatment in Africa

than are newly infected, which is just amazing. No one could have believed that would happen.

We must also pay attention to West Africa and Central Africa. West Africa and Central Africa, unfortunately, have been left behind. We need to ensure that political leaders will mobilize energy in West Africa and Central Africa to triple the treatment initiation rate within three years. It is important that we do not have a two-speed approach on the continent. It is also my duty today to thank to the Assembly, because it is so beautiful that our once-distant dream to end mother-to-child transmission and to have an AIDS-free generation is becoming a reality.

At the beginning of the year, Cuba announced that it had eliminated transmission from mother to child. Yesterday, the World Health Organization certified that the countries of Thailand, Belarus and Armenia had also eliminated transmission from mother to child. Who could have believed that we could have generations born free of HIV? Today, it is a success story, because I can affirm that many other countries will follow. Just four years ago, South Africa had more than 58,000 babies born every year with HIV; today, it has fewer than 6,000 babies born with HIV. More than 80 countries today have been able to demonstrate that they will soon achieve this goal because they have fewer than 50 babies born every year with HIV. While over a decade ago, fewer than 10 per cent of pregnant women living with HIV were on antiretroviral treatment. Today, with the Assembly's collective effort, more than 77 per cent of those mothers are on the treatment.

I just want to reiterate that we the peoples made this commitment together, and we delivered this result together. It was not a few of us; it was not some of us. The United Nations must always represent all of us. Certainly, this effort was not just about giving treatment to millions of people; it was not just about giving pills. It was about restoring dignity to people. It was about fighting against social injustice. It was about ensuring that equity would be in every single place. One by one, we are breaking the bonds of stigma, discrimination, prejudice and exclusion. We should work to ensure that no one — I said no one — is left behind because of who they are or who they love. This includes prisoners, migrant populations, people with disabilities, men who have sex with men, people who use drugs, sex workers and transgender people. The doors of the United Nations should be open to all. Indeed, we cannot afford to silence their voices as we come together to chart a course towards ending the AIDS epidemic.

Let us not forget, and I repeat, that we are the peoples. The rights to health and dignity must be universal, as enshrined in the Charter of the United Nations. The AIDS response has always been about partnership, solidarity, innovation and social transformation. AIDS has demonstrated the power of integration with tuberculosis, hepatitis, with maternal health and child health, with sexual reproductive health, with cervical cancer and rights, and we have produced an unprecedented result with the support of the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria; the United States President's Emergency Plan for AIDS Relief; and every one here. Some 8.8 million deaths have been averted.

But those results and gains are fragile. Women are being raped, exploited and infected at the same rate as 20 years ago. Adolescent girls especially remain shockingly vulnerable. Stigma and discrimination continue to push people into the shadows and prevent them from accessing lifesaving services. We need a prevention revolution with the young people at the centre. At a time when 62 people — I said 62 people — own as much as the poor half of the world's population, it is unacceptable that we will leave 20 million people dying because they will not have access to treatment.

AIDS is not over, but it can be. The next five years will be critical. We have to get countries on the fast track. We have to achieve 90-90-90. We should normalize testing and reach every one of the 19 million people who do not know their status. We have to frontload our investment. If we do not act now to break the backbone of the epidemic once and for all, the world will never forgive us for the consequences of our complacency. We can do it, we must do it, we the people.

The President: I thank the Executive Director of the Joint United Nations Programme on HIV/AIDS for his statement.

Pursuant to paragraph 2 (b) of resolution 70/228, I now give the floor to Ms. Loyce Maturu from Zimbabwe.

Ms. Maturu: I thank you, Sir, for your kind invitation for me to speak here today. Let me just start by saying, as I stand here today, that I am truly humbled to address this important gathering on behalf of my peers.

Let me start by briefly sharing my background and my story growing up with HIV. In 2002, when I was 10 years old, I lost my mother and my younger brother in the same way, due to HIV and tuberculosis. That was the most painful moment for me, as those were the people who were close to my heart. In 2004, when I was 12 years old, I got really sick, and I stopped going to school for some months. One of my aunts whom I was staying with went with me to the clinic, and I was informed that I had HIV and tuberculosis. Learning that was the most depressing moment for me. I cried, and I thought I was going to die, but here I am today.

I had a long journey after losing my mother and my younger brother. In 2010, I faced a lot of emotional and verbal abuse from one of my family members, and I tried killing myself by taking all of the medication that I had, because I could not contain the situation. I was admitted to the hospital, and when I was discharged I got massive counselling from an organization called Africaid Zvandiri back in Zimbabwe. I said to myself, "If I am going to live in this world again, I want to share my story growing up with HIV, and I want to make sure that adolescents and young people gain their confidence, are able to take their HIV medication and are able to realize their dreams and hopes for the future".

Now, every day that I live I am thankful that I am one of the 17 million people who mark the success of HIV treatment over the past years, and it shows that together, we have the greatest strength in saving more lives, like my life was saved. It shows that we are able to avert AIDS-related deaths because now I am tired of seeing adolescents dying because they are not able to take or to adhere to their HIV treatment, of seeing adolescents fail second-line and third-line treatment because there are no peer-led interventions to motivate them to take their HIV treatment daily. This makes me ask: Where is our investment going towards, as countries? Who is our priority if we are not going to leave anyone behind?

Sharing my story, I hope that it reflects the fact that adolescent girls and young women are vulnerable, at risk, and the most affected population among any other age group. There is a need for us to prioritize key populations — men who have sex with men, sex workers, people who inject drugs, prisoners and migrants — and today I call upon Governments not to exclude them.

Let me start by sharing some of the challenges that we face as adolescents and young people. Access to and availability of treatment, care and support services are not always available when we need them, and most of us are not financially stable enough to pay for the services. Yes, HIV treatment is for free, but in most clinics administrative fees have to be paid, and we cannot afford them. Ministers of Health, what does this say about us, in our HIV and AIDS progress at the country level?

Stigma is one of the biggest barriers, as it affects us mentally and hinders our progress as adolescents and young people. Let me just say that in the past two weeks, I was talking with one of my peers who is an adolescent, and she was crying and very depressed because she was denied certification in what she was doing because of her HIV status, and we are here today talking about empowering adolescent girls and young women and ending AIDS.

What does my friend's scenario mean to us in the context of our progress in the fight against HIV and AIDS? We believe that if we are to accelerate ending AIDS among adolescents and young people, there is a need to invest in evidence-based adherence support interventions so that adolescents and young people are supported in adhering to treatment even in the case of pre-exposure prophylaxis. There is a need to have clear a investment strategy to support advocacy for and by adolescents and young people. More resources need to be mobilized for scaling up friendly facilities by training health-care workers on how to provide friendly treatment case services for adolescents and young people so that we can say that we will be able to end AIDS by 2030. But if this is not addressed in my generation, we will continue to see the same problem even in the next generation.

Ending AIDS for good is not just about adopting the draft political declaration (A/70/L.52, annex); it will require teamwork and being united with one agenda. Let me say that the political declaration would not be a stand-alone approach for us to end AIDS by 2030, and we will need to take advantage of the upcoming AIDS conference to start drawing up the road map to end AIDS. We know that the Global Fund to Fight AIDS, Tuberculosis and Malaria is already mobilizing financial resources for AIDS, tuberculosis and malaria for the most burdened countries, such as my country, Zimbabwe. This is the time to make sure that we have a fully funded Global Fund to end it for good.

My last words are a plea to representatives to trust and believe in adolescents and young people in their countries so as to help shape the way society thinks about and creates programmes for HIV and AIDS. We have already begun the journey towards ending AIDS, and now is the time to accelerate our efforts.

The President: I thank Ms. Maturu for her statement.

Pursuant to sub-paragraph (b) of paragraph 2 of resolution 70/228, I now give the floor to Mr. Ndaba Mandela, Chairman and founder of the Africa Rising Foundation.

Mr. Mandela (Africa Rising Foundation): When I was 19, my mother died of HIV/AIDS. When I was 21, my father died of HIV/AIDS. I will never forget the day our family gathered at a press conference to tell the world why my father had died. As we gathered, a family member suggested that we say that it was tuberculosis or pneumonia, and my grandfather said: "No, we shall not do that. We shall tell the world my son died of HIV/AIDS."

My grandfather was not afraid of the truth. Nelson Mandela instead spoke out loudly and with dignity. His only surviving son, Makgatho Lewanika Mandela, had died of AIDS. Madiba was determined that his only son would not die in silence or in vain. This was the beginning of a national dialogue on AIDS in South Africa and of global action around the world. I am here today to ask the General Assembly to continue the legacy of Nelson Mandela — a legacy of unity and a legacy of leadership. I am here to ask members to ensure that all 37 million people living with HIV today can access immediate antiretroviral treatment and live full, healthy lives while they wait for a cure. The 90-90-90 by 2020 target should be the milestone for every country to reach as the world moves to end AIDS once and for all. But we will never end this epidemic by treatment alone. Today, we have the tools to stop every new HIV infection, and it is a crime that they are not being used fully and immediately.

I am here to ask all gathered here to ensure that the hundreds of millions of people at daily risk — LGBTI people, people who use drugs, sex workers, migrants, serodiscordant couples and people living with HIV — who live in silence and fear can wake up every day to good health, well-being and dignity, and that they can go to work, school or their local clinic unafraid of arrest, physical danger or discrimination simply because of who they are or who they love. I am here to ask leaders of the 35 countries that still do not allow foreigners living with HIV to enter or reside within their countries to end travel restrictions now, because the truth is that building walls or denying visas is not how we protect ourselves from HIV or end a global epidemic. Bigotry and fear do nothing but spread the virus. I am here to echo the bold call of my mentor, Michel Sidibé, to make fast-track the only track for ending AIDS in all cities, fragile communities and countries, and to make the end of AIDS the first Sustainable Development Goal that our generation achieves.

I am also here to ask each of us to take a three-pronged personal pledge to end AIDS: first, get tested for HIV and know your status; secondly, always carry at least two condoms — one for you to use without fail and another to give to someone who is not carrying one. It could save your life and it could save theirs. Finally, when you learn that a friend, relative, co-worker or neighbour is living with HIV, give them a hand up, not a cold shoulder. None of these actions costs much, but if we all do them the impact will be priceless, and that will be the best down payment on the end of AIDS.

It has been 11 years since my father passed away, and although I am older now, I still want him to be proud. I would have loved to see the look in his eyes today as I address the opening of this historical meeting in this historical place. Today, the eyes of millions living with HIV are on us. They are counting on us today as we launch this high-level meeting. They are counting on us to make an unprecedented commitment to the end of AIDS, and they are counting on us to keep our promise. Let us make history. Let us make them proud. As the great Nelson Mandela said, it is in our hands.

The President: I thank Mr. Mandela for his statement.

We have now heard the last speaker for the opening segment of the high-level meeting.

The Assembly will now turn to draft resolution A/70/L.52, entitled "Political Declaration on HIV and AIDS: On the Fast-Track to Accelerate the Fight against HIV and to End the AIDS Epidemic by 2030". In this connection, since the draft resolution has only been circulated this morning, it will be necessary to waive the relevant provision of rule 78 of the rules of procedure, which reads in part as follows:

> "As a general rule, no proposal shall be discussed or put to the vote at any meeting of the General

Assembly unless copies of it have been circulated to all delegations not later than the day preceeding the meeting."

Unless I hear any objection, I shall take it that the Assembly agrees with this proposal.

It was so decided.

The President: We shall now proceed to consider draft resolution A/70/L.52.

I give the floor to the representative of the Secretariat.

Ms. Pollard (Department for General Assembly and Conference Management): The present statement is made in accordance with rule 153 of the rules of procedure of the General Assembly. By paragraph 79 of draft resolution A/70/L.52, the General Assembly would

> "Decide to convene a High-Level Meeting on HIV and AIDS to review progress on the commitments made in the present Declaration towards ending the AIDS epidemic by 2030, and how the response, in its social, economic and political dimensions, continues to contribute optimally to progress on the 2030 Agenda for Sustainable Development and the global health goal, and decide to reach an agreement on the date for convening the next High-Level Meeting on HIV and AIDS no later than the 75th session of the General Assembly".

Pursuant to the request contained in the draft resolution, in the absence of modalities for the high-level meeting on HIV and AIDS it is not possible at present to determine the conference-servicing implications of the requirements for meetings and documentation. As the decisions on the format, scope and modalities are determined, the Secretary-General would submit the relevant costs of such requirements to the General Assembly, in accordance with rule 153 of its rules of procedure.The date of the meeting would have to be determined in consultation with the Department for General Assembly and Conference Management.

Accordingly, the adoption of draft resolution A/70/L.52 would not give rise to any financial implications under the programme budget for the biennium 2016-2017.

The President: I now give the floor to speakers in explanation of position before the adoption of draft resolution A/70/L.52. I remind delegations that explanations of vote are limited to 10 minutes and should be made by delegations from their seats.

Mr. Foradori (Argentina): I deliver this explanation of position on behalf of the following Member States: Albania, Australia, Austria, Belgium, Bosnia and Herzegovina, Brazil, Bulgaria, Canada, Chile, Colombia, Costa Rica, Croatia, the Czech Republic, Denmark, the Dominican Republic, Estonia, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Japan, Latvia, Liechtenstein, Lithuania, Luxembourg, Mexico, Monaco, Montenegro, the Netherlands, New Zealand, Norway, Papua New Guinea, Panama, Peru, the Philippines, Portugal, Romania, Serbia, Slovenia, Spain, Switzerland, Thailand, the United Kingdom of Great Britain and Northern Ireland, the United States of America, Uruguay and my own country, Argentina.

We welcome the important gains achieved in addressing HIV and the AIDS epidemic. At the same time, we acknowledge the remaining critical gaps and challenges, with particular concern for all of those at risk of being left behind. We reaffirm our commitment to the full implementation of the Beijing Declaration and Platform for Action, the International Conference on Population and Development and its Programme of Action, and the outcome documents of the review conferences and of the previous political declarations on HIV and AIDS.

At this critical moment in the global response, we strongly reaffirm our commitment to ending new HIV infections and AIDS as a public health threat by 2030, including in conflict, post-conflict and other humanitarian crises. Therefore, guided by full respect for human rights and a gender-responsive approach, and through evidence-based policies and adequate investments in accordance with the political declarations, we reaffirm all human rights and fundamental freedoms for all, without distinction of any kind, and with emphasis on addressing structural inequalities and the needs and rights of people living with, at risk of and affected by HIV, including key populations and their families.

In line with the 2030 Agenda for Sustainable Development (resolution 70/1), we call for the strengthening of health systems and capacities, broad public-health measures and the promotion of well-being, committed to advancing universal health coverage; access to essential and integrated health services, diagnostic tests, monitoring and medicines for

the prevention and treatment of HIV, including those to address co-infections, co-morbidities, and sexual and reproductive health services and other related services; and ensuring social protection for people living with HIV and their caretakers, especially women and girls, who bear a disproportionate burden, and for children and young people.

We condemn all forms of discrimination, stigma and violence, including hate crimes, without distinction of any kind, perpetrated against people living with, presumed to be living with, at risk of or affected by HIV, including by strengthening legal protections and their enforcement, ensuring equality before the law and non-discrimination for all people, and by removing punitive laws, policies and practices that marginalize individuals, undermine prevention efforts, and block access to HIV- and AIDS-related services, as needed.

We reaffirm the centrality of empowering all women and girls, achieving gender equality and ending all forms of gender-based and sexual violence and harmful practices, including intimate partner violence, marital rape, sexual exploitation and trafficking, child, early and forced marriage and female genital mutilation, cognizant that without the full enjoyment of all the human rights of women and girls across a spectrum of social, cultural, economic, political and civil rights, we will be unable to put an end to AIDS.

In that context, we reiterate the importance of the role of men and boys in achieving gender equality, commit to respecting, protecting and promoting the full enjoyment of the sexual and reproductive health and rights of all, with particular attention to women, adolescent girls and key populations at higher risk of HIV infection, including the right to make decisions regarding sexuality and reproductive matters free of discrimination, coercion or violence, and the right to access comprehensive, quality, integrated and affordable sexual and reproductive health care and HIV and AIDS information, education and services, combination prevention and treatment and rights related to privacy, confidentiality and informed consent. We commit to preventing and punishing violations of those rights and all forms of coercive practices, including forced sterilization and forced abortion among women and girls living with HIV, and to providing victims with access to justice and redress.

We express grave concern that AIDS is the second-leading cause of death among adolescents globally, that HIV infection is rising among adolescent girls, and that adolescents lack adequate knowledge about how to prevent HIV and AIDS; and commit to taking concrete steps to ensure that all girls and boys complete primary and secondary education, and to scaling up the implementation of quality, comprehensive sexuality education in a manner consistent with their evolving capacities and youth-friendly sexual and reproductive health, HIV- and AIDS-related information, services and commodities, regardless of age, marital, HIV or any other status.

We commit to ensuring transparent, inclusive and strengthened accountability frameworks with the meaningful participation of civil society and other relevant stakeholders at all levels of implementation, monitoring, follow-up and review of the AIDS response, including of people living with, at risk of, and affected by HIV, key populations at higher risks of HIV, community-based, women's and youth organizations, feminist groups, human rights defenders and national human rights institutions.

We call for ensuring that reporting on progress on the AIDS response and our fulfilment of commitments made at the 2016 high-level meeting on HIV/AIDS feed into the follow-up and review of the 2030 Agenda for Sustainable Development, including in the High-level Political Forum on Sustainable Development, the Economic and Social Council and subsidiary bodies.

Mr. Morales Ojeda (Cuba) (*spoke in Spanish*): *Cuba joins the consensus in favour of the adoption of the draft political declaration on HIV and AIDS (A/70/L.52, annex)*, which aims to put us on the road to accelerating the fight against HIV and to ending the AIDS epidemic by 2030. My delegation recognizes the efforts and achievements made by many countries facing the HIV epidemic. However, we acknowledge with concern persistent problems and challenges that should be reflected more clearly and forcefully in the draft political declaration.

In that regard, the right to health must take precedence over any material, technological or intellectual property consideration. No legislation, agreement or national or international policy or practice should restrict universal access to the best available treatment for people with HIV/AIDS. It is unacceptable that price or other selfish motives should limit universal access to people who require the use of such treatment.

Cuba supports the contention that the issue of health and sexual and reproductive rights deserves our attention and supports promoting comprehensive sex education as part of the response to HIV/AIDS. Such an approach is essential in working with youth and adolescents and should include a gender perspective.

International cooperation is more important today than ever. The commitment of additional resources is required, as is the unconditional transfer of best technologies under the guidance of the World Health Organization and the Joint United Nations Programme on HIV/AIDS. The realization of the right to development should have guided the draft text. The enjoyment of this right will allow all human beings and all peoples the full exercise of their fundamental rights and freedoms, both individually and collectively. The realization of the right to development will allow for humankind's victory over HIV/AIDS and its eradication by 2030, without exclusion or discrimination.

The President: We have heard the last speaker in explanation of position.

The Assembly will now take a decision on draft resolution A/70/L.52, entitled "Political Declaration on HIV and AIDS: On the Fast-Track to Accelerate the Fight against HIV and to End the AIDS Epidemic by 2030".

May I take it that the Assembly wishes to adopt draft resolution A/70/L.52?

The draft resolution was adopted (resolution 70/266).

The President: Before giving the floor to the speakers in explanation of position on the resolution just adopted, may I remind delegations that explanations of position are limited to 10 minutes and should be made by delegations from their seats.

Mr. Gunnarsson (Iceland): Iceland is pleased to have joined consensus on the Political Declaration contained in resolution 70/266 and would like to align itself to the general statement delivered by the representative of Argentina on the importance of the Political Declaration addressing sexual and reproductive health and rights, comprehensive sexuality education and other key issues for us to be effective in our fight against HIV and AIDS.

We also reiterate our commitment in the 2030 Agenda for Sustainable Development (resolution 70/1) to ending the AIDS epidemic as an imperative. We cannot accept losing our young women and men to the disease, which often occurs simply because they are unaware of how to protect themselves or do not know their status. However, we consider it necessary to put our view on record as with regard to the term "sex worker", which we believe is an incomplete reference to a key population group. In addition, it does not take into account that sex work is recognized only in a handful of countries, while a majority of countries adopt different measures to regulate the sale of sex.

Violence against women takes many forms. Recent surveys have revealed that 35 per cent of women worldwide have experienced intimate or sexual violence in their lifetime. Therefore, violence against women represents a massive and serious public health problem against which bold concrete actions should be taken, not only through the health-care system's response but also through a holistic and multisectoral approach.

One serious and yet too common form of violence against women is prostitution. Iceland qualifies all forms of prostitution — not only forced prostitution — as sexual violence. We believe that the very act of buying sex is incompatible with the dignity and worth of the human person.

Sweden was the first country, in 1999, to introduce a law criminalizing the purchase of sex by itself, with a view to protecting male and female victims of prostitution and reducing the demand. Iceland adopted the same approach in 2009. This approach also supports access for those who sell sex to commodities and health services, without accepting the demand as an inevitable.

The term "sex work" implies that selling sex has been legalized and is a normal profession just like any other work. This is not the case in a large majority of countries. The reference to work carries with it questions regarding legal rights and entitlements, such as labour rights and entitlements to unemployment benefits. In that context, it is important to recall that the Convention on the Elimination of All Forms of Discrimination against Women and the Beijing Platform for Action refer to prostitution rather than sex work.

According to the Guidance Note on HIV and Sex Work of the Joint United Nations Programme on HIV/AIDS (UNAIDS),

> "[m]any people who exchange sex for money or goods do not self-identify as sex workers and

do not seek nor have access to HIV prevention, treatment, care and support advice or services for sex workers, including in humanitarian and post-conflict settings".

When referring to sex workers there is therefore a risk that those who do not sell sex as their occupation but for other reasons, such as in emergency settings or as a survival method, are not covered by that terminology. This also undeniably excludes those forcibly sold into the sex industry. Additionally, the term "sex worker" applies only to those selling sex who are 18 years of age or older, as those younger cannot be considered to engage willingly in sex work. In fact, UNAIDS defines the sale of sex by children under the age of 18 years as sexual exploitation.

Data collected on sex work also refers to all those engaged in selling sex without differentiating by age. Studies of sex workers mostly do not disaggregate programme outcomes by age, and no accurate global estimates exist of the number of young people engaged in selling sex, although some indications are that many start selling sex well before they are 18. The term "sex workers" therefore excludes those younger than 18.

Other terminology proposed by my delegation as a compromise, such as "people who sell sex", is therefore a more complete reference to all those who are more vulnerable to HIV as a result of selling sex. This is also the terminology that UNAIDS uses when referring to both those over 18 and those under 18. It is worth noting that this terminology allows for variations between countries that use different terminology, such as "prostitution" or "sex work", and have different legal frameworks, such as my own country, which adopted the so-called Swedish approach, which criminalizes only the buyer, as it simply describes those who are engaged in the activity.

Finally, we would like to put on record that we believe that nothing in the current text gives UNAIDS a mandate to continue to advocate for the legalization of sex work. As stated in the Political Declaration, our common aim is to focus on successful, effective and equitable delivery of HIV prevention, treatment, care and support to those living with or affected by by HIV. We have seen a dramatic decrease in HIV infections among persons who sell sex in many countries that have different legal frameworks regarding the sale of sex. Advocating for one legal framework over another despite this can harm our efforts in that regard, rather than advance them.

Ms. Ali (Singapore): My delegation takes the floor in explanation of position on the 2016 Political Declaration on HIV and AIDS (resolution 70/266, annex). Singapore reaffirms its commitment to the global fight against HIV and the AIDS epidemic, as HIV/AIDS remains a serious global health concern today. We were therefore pleased to join consensus on the Political Declaration. However, Singapore would like to explain its position in respect of harm reduction, particularly in relation to paragraph 43 of the Political Declaration, which calls on Member States to consider ensuring access to such interventions as harm-reduction programmes.

Singapore believes that a wide range of approaches should be available to States, given the unique context and circumstances of drug issues in each State. We do not believe that it is appropriate or useful to attempt to privilege or prioritize specific strategies at the global level, as this paragraph does. In the Singapore context, for instance, such harm-reduction strategies as needle exchange or opiate substitution are not relevant, since we have very few cases of HIV transmission through injecting drug use.

We are also of the view that the paragraph is inaccurate in its presumption that the criminalization of drug abuse necessarily results in restricted access to anti-HIV-related services. Singapore takes a comprehensive and balanced approach in its drug policies, with targeted preventive education, effective enforcement, holistic rehabilitation and effective community partnerships to faclitate reintegration. This approach works for us and is the foundation in our efforts as part of the global community to end the AIDS epidemic.

Mr. Boehm (Canada): Canada is pleased to join others in our support for the 2016 Political Declaration on HIV and AIDS (resolution 70/266, annex). We commend the efforts of the co-facilitators and the collaborative spirit of all delegations, which helped us to arrive at consensus. We also want to thank civil society for its leadership in strongly encouraging Member States to fight hard for an agreement that was inclusive and left no one behind. We believe that, at this critical juncture in the fight against AIDS, this is an important declaration that demonstrates the global community's commitment to accelerated action to end AIDS.

The Political Declaration places human rights at its core and commits countries to clear targets with critical frontloading of support and funds from all sources. It reflects an understanding that we must empower all women and girls. For Canada that means addressing not only their sexual and reproductive health, but also their reproductive and sexual rights. It also clearly recognizes that there is insufficient access to services for key populations. Therefore, we welcome the inclusion of people who inject drugs, men who have sex with men, sex workers, transgender people and prisoners, all of whom are at significantly elevated risk of HIV infection globally.

It is essential that our response be grounded in respect for human rights and tailored to the unique needs of the key affected populations, including indigenous people. We would have wanted more. The Declaration does not include a call to end the stigma, discrimination and violence faced by other key populations, such as lesbian, gay, bisexual and transgender people globally, which we know increases their vulnerability to infection.

Canada also strongly supports evidence-based harm-reduction measures as part of an overall approach to HIV prevention and calls upon Member States to consider their implementation.

We want to recognize the value of this process and the important moment it brings us today. Since the beginning of the epidemic, community organizations have been at the forefront of the response. Canada will continue to work in close partnership with civil society and, in particular, with those who are living with and at risk of infection, so as to ensure that our collective response is informed by the realities of those most affected.

Mr. Mohamed (Sudan) (*spoke in Arabic*): At the outset, my delegation would like to thank you, Mr. President, for convening this meeting. Allow me to take this opportunity to thank the co-facilitators — the Permanent Representatives of Zambia and Switzerland — for their efforts and wise leadership during the negotiations aimed at ensuring a convergence of the views of Member States on the Political Declaration adopted today (resolution 70/266, annex).

My delegation reaffirms its commitment to all United Nations resolutions and recommendations on combating HIV/AIDS in order to achieve the internationally agreed development goals. We also stress that we are committed to providing prevention and care to all those affected, without discrimination, and to making every possible effort to halt the spread of the disease.

As members are aware, there are several matters on which delegations did not find common ground. My delegation joined the consensus overall, nevertheless, despite the fact that some of our points of view and concerns were not taken into consideration with respect to a number of issues. Therefore, my delegation would like to register its reservation to the following points.

First, there is the reference to the outcomes of the reviews of the International Conference on Population and Development, which contain the reviews of non-governmental and regional organizations, and the discussion of which did not take place at the level of intergovernmental negotiations in the General Assembly.

Secondly, the Political Declaration includes several contentious terms, such as the term "sexuality" in paragraph 61 (c). This term runs counter to both the domestic legislation of many Member States and to international law.

Thirdly, paragraph 62 (c) includes the term "comprehensive education", which effectively means comprehensive sexual education, even though there is no consensus on that term. That is the reason we did not support including it in the Declaration. It is also not part of the agreed upon and internationally recognized human rights. That term runs counter to the Charter of the United Nations, the Convention on the Rights of the Child and the legal systems of several countries.

Fourthly, we have reservations with regard to the term "key populations" in paragraph 42 and paragraph 62 (e), as it focuses on only five groups affected by the disease, even though the definition of the term differs from one place to another, especially in Africa and in particular sub-Saharan Africa. We see that populations who are at highest risk of infection, or "key populations", are women and adolescent girls. However, focusing on one group and turning a blind eye to another might jeopardize the efforts we are making to eradicate this disease. Such efforts must be in line with the new 2030 Agenda for Sustainable Development (resolution 70/1).

Fifthly, paragraph 61 (l) includes a principle that runs counter to several religions and the traditions of several societies, regardless of age or marital status.

Paragraph 61 (j) makes reference to the term "safe". We believe it is important to take into consideration all traditions and religions. My delegation would like to reiterate its position with regard to the principle of sovereignty, which is a right of every Member State in accordance with the Charter of the United Nations and international law.

Mr. Alyemany (Yemen), Vice-President, took the Chair.

In conclusion, my delegation would like the record of this meeting to reflect our positions with regard to the issues I just referred to. We renew our commitment to working to achieve the objective of ending the spread of HIV/AIDS to ensure the prosperity of all our peoples and to eradicate the epidemic by 2030 in order to fulfil the commitments we undertook in the Agenda for Sustainable Development.

Ms. Mendelson (United States of America): The United States would like to express its appreciation to the Governments of Switzerland and Zambia,and their respective Permanent Representatives to the United Nations, Mr. Jürg Lauber and Dr. Patricia Mwaba Kasese-Bota, for their exemplary efforts as co-facilitators of this United Nations High-level Meeting on ending AIDS.

The United States is pleased to align itself with the general statement made by the representative of Argentina.

The United States' commitment to ending the epidemic of AIDS cannot be overstated. In articulating that commitment, we must acknowledge the role that civil society and the non-governmental organizations community have played in this decades-long effort. We believe that this Political Declaration (resolution 70/266, annex) is a necessary step in the continuing efforts to combat HIV and AIDS, and appreciate that the international community is able today to reiterate its political will to end the epidemic. The Political Declaration, however, is far from a perfect document. We would like to point out some of our issues with the Declaration.

We continue to be committed to working with others to implement the 2030 Agenda for Sustainable Development (resolution 70/1). Together, we have made tremendous progress in the global HIV/AIDS response; however, the work is far from done, particularly for those at risk of being left behind. The language in the Political Declaration could have been stronger and more explicit on this point. The protection of human rights provides the foundation for ending the AIDS epidemic as a public health threat by 2030 — the target supported by 193 States Members of the United Nations in adopting the 2030 Agenda in September 2015. However, the language in the Political Declaration should have been stronger and more explicit on this point — the world's population deserves no less.

Despite the significant medical advances in HIV/AIDS over the past 35 years, we have not made nearly as much progress in safeguarding human rights and creating the legal and policy environments needed to prevent stigma and discrimination. That has resulted in part due to a lack of acceptance of the human rights of all persons, without distinction, and in part because we have not systemically measured stigma and discrimination, thereby limiting efforts to chart progress.

The United States remains firmly committed to ending stigma, discrimination and violence against persons living with HIV/AIDS and key populations and to help create legal and policy environments that increase their access to HIV prevention and treatment services. When any person is stigmatized, discriminated against, disrespected in the health-care setting or is subjected to violence in accessing HIV/AIDS services, the health and human dignity of everyone in that community are threatened. We need to ensure that HIV services are comprehensive and reach the most vulnerable populations. In that regard, the needs and rights of individuals living with, at risk of or affected by HIV, especially members of key populations, including men who have sex with men, transgender persons, sex workers, persons who inject drugs, and prisoners must be addressed.

To control the epidemic and, ultimately, achieve an AIDS-free generation, it is imperative that we identify, measure and change the complex dynamics driving stigma and discrimination, and encourage innovative, tailored, community-led approaches to address them for each risk group. We need to measure and change the outcomes of key population clinical cascades, specific by risk, population and location, where stigma and discrimination are key drivers limiting the ability to make progress. Without exception, all efforts to address these issues must include the populations directly affected from the outset and at every stage.

The United States also remains firmly committed to protecting the sexual and reproductive health and rights of all women. Every woman has the right to have control over and decide freely and responsibly on matters related to her sexuality, including sexual and reproductive health, free of coercion, discrimination or violence. A lack of protection of this right contributes to the alarming facts that 390,000 adolescent girls and young women are infected with HIV annually, and that girls account for three-quarters of all new HIV infections among adolescents in sub-Saharan Africa. The AIDS epidemic will not be ended by 2030 unless sexual and reproductive health and rights are protected.

The United States is committed to measures to promote access to safe, affordable, quality and efficacious medicines, diagnostics and related health technologies for HIV and other diseases, while at the same time providing important incentives for innovation through a robust intellectual property regime. In doing so, the United States continues to strive to provide the most effective tools for all populations and to reach our shared goal of ending the AIDS epidemic. We have concerns that the work of the Secretary-General's High-Level Panel on Access to Medicines, which is currently under way and is noted in the Declaration, will not achieve meaningful results.

As we have made clear through our submission of views earlier this year, among our concerns is the Panel's narrowly defined mandate, the non-transparent manner in which it was constituted and the presumption of policy incoherence. We believe the Panel has the potential to divide rather than to bring together countries, patients and stakeholders. The United States hopes that any recommendations from the Panel or the Secretary-General will not divide us, but further the goals of both access and innovation and find common ground for future work on this critical issue.

We reiterate our understanding that this non-binding document does not create rights or obligations under international law. Additionally, we note that the term "equitable" is used in multiple contexts in the Declaration. While the United States fully endorses the importance of universal access to health-care services, we must collectively avoid any unintended interpretation of the term "equitable" that implies a subjective assessment of fairness that, among other things, may lead to discriminatory practices.

The United States understands that this Declaration does not imply that States must join human rights instruments to which they are not a party, or that they must implement those instruments or any obligations under them. This Declaration does not change the current state of conventional or customary international law, nor do we understand it to recognize any rights not previously recognized or expand the scope of, or modify in any way, previously recognized rights. We furthermore understand this Declaration to be consistent with long-standing United States views regarding the International Covenant on Civil and Political Rights, including article 17, and interpret it accordingly.

The United States understands that any reaffirmation of prior documents in the Declaration applies only to those States that affirmed them initially. In supporting the Declaration, we affirm our long-standing commitment to both international development and the promotion of human rights. However, we must reiterate the concerns of the United States regarding the topic of the right to development, which are long-standing and well-known. It does not have an agreed-upon international meaning. Any related discussion needs to focus on aspects of development related to human rights, which are universal rights, held and enjoyed by all individuals and which every individual may demand from his or her own Government.

The United States remains committed to not only turning the tide on HIV/AIDS, but also on the unrelenting stigma and discrimination within the health system and community. The United States, through the President's Emergency Plan for AIDS Relief, has dramatically increased funding to support key populations and women, with comprehensive approaches to the measurement and change of stigma and discrimination and to ensure that anyone anywhere, independent of race, gender, sexual orientation, gender identity or other status, can access information and services to change the course of the HIV/AIDS pandemic.

I thank the President for this opportunity to make those important points of clarification. We ask that this statement be added to the official record of this high-level meeting. With those clarifications, we were very pleased to join the consensus on the adoption of the Political declaration to accelerate the fight against HIV and to end the AIDS epidemic by 2030.

Ms. Appleyard (Australia): The Political Declaration on HIV and AIDS (resolution 70/266, annex) is a critical

milestone in our collective fight against HIV/AIDS. We commend the co-faciliators — the Ambassadors of Switzerland and Zambia — for their efforts to bring this outcome document to consensus. Australia is pleased to adopt a declaration that updates our shared commitment to ending the AIDS epidemic by 2030 and that, importantly, sets out the actions needed States need to take to ensure an effective and equitable HIV response.

The Declaration places a human rights approach to ending HIV at its core. It recognizes the need to empower all women and girls, including as regards their sexual and reproductive health and reproductive rights, and to ensure access to services for all key populations as central to ending HIV. We are pleased to see a wider listing of key populations to include men who have sex with men, people who inject drugs, sex workers, transgender people and prisoners. Australia urges Member States to see the Declaration as a minimum starting point for efforts to end AIDS by 2030. Australia would have liked the outcome document to have gone further in referencing key populations and the particular issues they face in accessing testing, treatment and information. Australia's HIV/AIDS response is informed by epidemiological evidence and evidence of what works. There is clear evidence that engaging with, and addressing the needs of, key populations is effective in delivering high impact at a lower cost.

Like Canada, we are disappointed that the Declaration does not include a call to end the stigma, discrimination and violence faced by other key populations, such as lesbians, gays, bisexuals and transgender people globally, which we know increases their vulnerability to infection. Australia condemns any efforts to interpret HIV/AIDS transmission as a criminal issue. Criminalization perpetuates isolation and marginalization for women and girls and key populations, prevents access to treatment and support and undermines a human rights-based approach to health. We were also disappointed that sexual rights were not included. Australia supports the right of everyone to access the highest attainable standard of physical and mental health. For people living with HIV and those at risk, that encompasses universal access to HIV prevention, testing and treatment services free from stigma and discrimination.

Finally, Australia strongly appreciates the engagement of civil society in the development of the Declaration. Australia is pleased to adopt the Declaration and notes the important contribution it will make to the continuing evolution of our own national response to HIV.

Ms. Hassan (Djibouti) (*spoke in French*): My statement concerns our position with regard to the Political Declaration on HIV and AIDS: On the Fast Track to Accelerate the Fight against HIV and to End the AIDS Epidemic by 2030, which the General Assembly has just adopted (resolution 70/266, annex). The Republic of Djibouti would like to reaffirm its full and complete commitment and its unstinting determination to pursue the implementation of efficient and non-discriminatory national policies to eliminate HIV/AIDS by 2030 and to do so in conformity with human rights universally recognized by the relevant international instruments.

The Republic of Djibouti also would like to take the opportunity afforded by the adoption of the Political Declaration on HIV and AIDS to emphasize the importance of leadership and national ownership in the fight against HIV/AIDS. Djibouti is committed to the implementation of the relevant provisions of the Political Declaration that are, on the one hand, in line both with the national laws and cultural, social and religious values of our country, and, on the other, with the approach and strategies already being deployed on a national level.

From that perspective, Djibouti welcomes the reaffirmation in paragraph 4 of the Political Declaration of the sovereign right of each country, described and recognized in the Charter of the United Nations, as well as the need of every country to be able to implement the commitments of the Declaration in line with its laws and priorities for national development in strict compliance with the different cultural, ethical and religious values that underpin each society. Therefore, Djibouti reserves its position and would like to formally state its understanding of paragraph 42 and paragraph 62 (e) of the Declaration, which claim to identify key populations in combating HIV/AIDS but which do not reflect key populations in terms of the epidemiological and social realities of many countries, including ours. It is vital for each State to be able to identify at a national level those key populations that are the most exposed to the AIDS epidemic. In fact, for the specific case of Djibouti, the key populations are women and young people, including young women.

References to sexual and reproductive health in the Political Declaration should not be interpreted as an appeal or an encouragement to women living with HIV/AIDS to interrupt their pregnancy or to stop them from conceiving children. For Djibouti, national efforts with respect to that question consist in eliminating the risks of transmission of HIV/AIDS from the mother to the infant. We call on international partners to continue to support our country in this approach, which is the correct one.

With respect to sexual and reproductive health, Djibouti, through the whole host of its relevant policies, guarantees and ensures access to sexual and reproductive health-care services for all women, in line with the commitments undertaken through the adoption of the outcome document of International Conference on Population and Development (ICPD). Moreover, for Djibouti, paragraph 14 and paragraphs 61 (b), (i) and (d) of the Declaration do not in any way mean a reinterpretation of the ICPD, and therefore cannot be interpreted as a guarantee for unconditional, uncontrolled access by young women to the means provided for women's sexual and reproductive health.

My country reiterates its commitment to continuing to spare no effort as it strives to reach the goal of eliminating HIV/AIDS before the year 2030.

Finally, my delegation requests that this explanation of position be entered into the official record of this meeting.

Mr. Deyalsingh (Trinidad and Tobago): Trinidad and Tobago wishes to congratulate the President for his leadership on this issue and thanks the co-facilitators of the negotiation for their able stewardship, which led us to the bold Declaration that we have all joined in consensus to adopt this morning (resolution 70/266, annex). As to the Political Declaration, Trinidad and Tobago believes that it generally reflects the global ambition we are striving to achieve, namely, to end the AIDS epidemic by 2030. While recognizing the importance of paragraph 4 of the Declaration, we wish to make the following explanation of position on some of the issues set forth in the document.

Consistent with national legislation, health-care services, including in relation to HIV prevention, treatment and care, are provided to all citizens of Trinidad and Tobago, including children and adolescents, with the consent of their parents or legal guardians. Additionally, while Trinidad and Tobago commends the development of new biomedical tools for the prevention of HIV, the provision of pre-exposure prophylaxis to individuals goes against our national post-exposure prophylaxis policy, which expressly states that pre-exposure prophylaxis is not offered for casual encounters. Trinidad and Tobago is of the view that this approach may give individuals a false sense of security and encourage engagement in risky behaviours, which may challenge national response efforts and the achievement of global objectives to prevent new infections and ultimately end the AIDS epidemic by our 2030 target date.

Trinidad and Tobago reiterates that it is pleased to have joined all other Member States in the adoption of the Declaration by consensus and pledges to implement the commitments made therein in accordance with national legislation, circumstances, policies and priorities, taking into account the obligations to which we are committed in the 2030 Agenda for Sustainable Development (resolution 70/1), adopted by all of us last September.

Mr. Bawazir (Indonesia): I would like to start by congratulating all delegations on their hard work, goodwill and cooperative spirit, which led us to today's adoption of the Political Declaration on HIV and AIDS (resolution 70/266, annex). The Declaration offers us a vision and guidance for our collective efforts over the next five years to end the HIV/AIDS epidemic. I would be remiss if I did not thank that the co-facilitators, Ambassador Kasese-Bota and Ambassador Lauber, for the excellent leadership with which they successfully bridged the gap between differing interests and priorities and managed to achieve consensus on this crucial document in a timely manner.

We gather here today to advance our common fight against HIV/AIDS. To date, HIV has killed more than 30 million people worldwide. In Indonesia, it is estimated that 100,000 people become infected with HIV every year. Therefore, we know exactly how serious this situation is for our country. However, the last five years have provided clear evidence that we can prevent infection, save lives and improve the quality of life for millions of people threatened infected and affected by HIV.

We fully understand that, despite the difference in approaches in the prevention and treatment of HIV/AIDS, we need to maintain our commitment to completely eliminating the perils in order to eradicate

the scourge of HIV/AIDS. We are convinced that the most effective way to end HIV/AIDS is reflected in paragraph 57 of the 2016 Political Declaration through differentiated responses to HIV/AIDS based on national ownership, priorities, drivers, vulnerabilities and aggravating factors and by focusing on affected populations. Furthermore, paragraph 42 also emphasizes that each country should define the specific populations that are key to its epidemic and response based on the local epidemiological context. In the spirit of paragraph 42, we would like to take this opportunity to make important clarifying points on our understanding of the term "key populations" as it appears in the Political Declaration.

Indonesia recognizes that key populations, as the term is used in paragraph 42 and paragraph 62 (e) of the Political Declaration, are populations at a higher risk of contracting HIV. Nevertheless Indonesia believes that this definition does not limit Indonesia's authority to define key populations or populations at greater risk of HIV infection according to its national circumstances, in line with paragraphs 42 and 57. Accordingly, Indonesia has the right to design prevention, testing and treatment programmes in due response. Given Indonesia's size and the complexity of its HIV/AIDS response, programmes designed to contain HIV/AIDS using only one approach or reaching only one segment of the population does not represent the factual situation on the ground in Indonesia.

We would now like to make some additional points with regard to paragraph 39. To a certain extent, Indonesia supports the promotion of risk-reducing behaviour as a means to prevent the spread of HIV, but we need to remain cognizant of the fact that risk reduction does not imply that risks may be eliminated entirely. We need to take a step beyond risk reduction. In our view, to truly stop the HIV/AIDS virus in its tracks, measures that encourage risk-avoidance behaviour are required, as they are a far more effective way to guarantee non-transmission of the HIV/AIDS virus.

Let us not forget that evidence shows that sexual contact is the most common route of HIV transmission. Ending HIV will be possible only if we can avoid exposing ourselves to the modes of transmission. Indonesia continues to hold the view that risk-avoidance measures, including abstinence and fidelity, are the most effective measures for preventing the spread and bringing about the end of HIV, as enshrined in the 2011 Political Declaration. It is not only safe and effective, it is also in line with our cultural, religious and moral values. Important inroads have been made through this approach to reverse the spread of the epidemic globally, and it is important to continue the efforts on the ground. Unfortunately, the same language has not been retained in the 2016 Political Declaration.

Any reference made to adolescence in the Political Declaration shall be interpreted as a reference to children, and any rights and responsibilities granted or imposed will take into account the role of the parents.

Last but not least, Indonesia is concerned about the term "people who use drugs", since the term has a different meaning from the agreed term "people who inject drugs". The use of the former term may shift our focus from prevention, treatment and care programmes in a way that runs counter to the evidence and testimony that shows that people who inject drugs are among the so-called key populations.

We are of the position that the the language I mentioned and terms in the 2016 Political Declaration should not serve as precedent for future decisions and actions in other forms. The Assembly may rest assured that we will continue to be actively engaged in health issues as we pursue the attainment of the highest standard of health and well-being for all. We are committed to accelerating the fight against HIV in order to bring about the end of the AIDS epidemic. We therefore call for international cooperation in that regard.

Mr. Salman (Egypt) (*spoke in Arabic*): Egypt would like to thank the co-facilitators of the international consultations, the representatives of Switzerland and Zambia, who expended much effort in reaching consensus on the Political Declaration just adopted (resolution 70/266, annex).

My country joined the consensus on the 2016 Political Declaration to Declaration to respond to and end the HIV/AIDS epidemic by 2030, although it contains some controversial points that do not enjoy consensus among all States on account of social, cultural and religious diversity and different values across countries.

My country is determined to move forward in implementing those commitments as part of the international and regional strategy to speed up efforts to combat HIV/AIDS, prevent the outbreak of new HIV cases and ensure that all members of society receive

treatment on a non-discriminatory basis. On the latter, my country would like to express our reservations.

Egypt disassociates itself from the following paragraphs of the Political Declaration: paragraph 42 and paragraph 62 (e) , because they refer to "key populations"; paragraphs 62 (g) and (h) , which have to do with vulnerable populations, because there is no clear definition of such populations; paragraph 61 (l) , which has to do with all types of contraception for girls, which is contrary to the cultural, social and ethical values of Egyptian society; and paragraph 61 (j) , which refers to "safe abortion", which in Egypt is carried only in accordance with national legislation and in line with our religious values.

We would like to express our concern with respect to the several terms, including "populations at high-risk", "vulnerable populations", "key populations" and "populations that epidemiological evidence shows are at higher risk of infection". We believe that the use of those terms is not in line with the values and culture of our country.

We request the Secretariat to note in the record of this meeting the reservations I have set out here.

Mr. Hassan (Islamic Republic of Iran): While it remains committed to providing as broad as possible access to care, treatment and support for people living with HIV/AIDS, the Islamic Republic of Iran is of the view that HIV/AIDS is a public health issue and that Governments are responsible for ensuring the highest attainable standards of health and well-being for all their citizens regardless of any consideration. The Political Declaration on HIV and AIDS (resolution 70/266, annex) was expected to avoid a discriminatory approach that might put public health at risk for being overly focused on exclusive populations that epidemiological evidence shows to be at higher risk of infection. It is also unacceptable that the Political Declaration altogether avoids giving a positive assessment of important risk-avoidance measures such as fidelity and abstinence.

Taking that into account, the Government of the Islamic Republic of Iran wishes to place on record its reservation to those parts of the Political Declaration that may, in one way or another, run counter to its national legal framework and the religious and cultural values of our society. Iran specifically expresses its reservations for the definition given for "key populations" in paragraph 42 and in the associated paragraph 62 (e) , as those references disregard the specific national circumstances and needs of each country. Additionally, any reference made in the Political Declaration to children and adolescents in connection with actions required shall fully take into account the roles and responsibilities of parents.

Finally, Iran expresses its serious concern that such misplaced terms as "people who use drugs" in paragraph 43 and "voluntary technology transfer on mutually agreed terms" in paragraph 64 (g) are being used in the Political Declaration in the context of HIV/AIDS.

Mr. Alamr (Saudi Arabia): I have the honour to make the following statement on behalf of the countries of the Gulf Cooperation Council (GCC).

I would first like to thank the co-facilitators, the Permanent Representatives of Zambia and Switzerland, for their tireless efforts to facilitate the consultations, which resulted in consensus on the 2016 Political Declaration on HIV and AIDS (resolution 70/266, annex), intended to fast-track a solution and end the HIV epidemic, which we have adopted today. We reiterate the principles of the Charter of the United Nations that guarantee the sovereign right of all States to implement national programmes that are in line with national legislation and in conformity with our national religious, political and cultural values.

The Group would like to express its reservations on the following paragraphs of the 2016 Political Declaration: paragraph 42 and paragraph 62 (e), which refer to "key populations"; paragraph 60 (h) and paragraph 62 (g) , which refer to "vulnerable populations", as they do not include a clear definition of such a category of the population; as well as paragraph 61 (l).

The GCC countries would also like to point to the use of the term"early marriage" in the Declaration. We believe that forced and early marriage is a crime under various international conventions and instruments, including the Convention on the Rights of the Child. Our countries also express their reservations with regard to the use of the term "sexual rights". We need to take into account of the national and regional specificities and the cultural, historic and religious traditions of each country.

We request that this statement be included in the record of this meeting.

Mr. El Haycen (Mauritania) (*spoke in Arabic*): I, too, would like to thank the two co-facilitators.

It is clear that AIDS represents a serious danger and a huge challenge that we have to face. That is why we achieved unanimity on the Political Declaration on HIV and AIDS (resolution 70/266, annex). However, it includes certain principles on which we cannot agree. That is why the Islamic Republic of Mauritania expresses its reservations about all concepts that run counter to our national legislation.

We would like our reservations to be included in the record of this meeting.

Mr. Elmajerbi (Libya) (*spoke in Arabic*): At the outset, I should like to convey my gratitude and appreciation to the facilitators, the representatives of Zambia and Switzerland, for their efforts to reach the Political Declaration on HIV and AIDS (resolution 70/266, annex), which we have just adopted. My delegation joined in the consensus on the Declaration despite contentious formulations therein that run counter to our national legislation and Mulsim traditions. We joined the consensus mindful of the need to deal with a disease that imperils the lives of millions and thwarts development efforts. Libya attaches great importance to this subject through our non-discriminatory social programme based on human rights, including the right to health as one of its main pillars. Therefore, once Libya attains stability, it will support Africa in eradicating this disease so that the continent can achieve sustainable development by 2030.

In conclusion, we express our reservations on all contentious formulations that embody the difficulties identified by the representatives of the Sudan, Djibouti, Egypt, Iran and Malaysia, as these formulations run counter to Islamic culture and our national legislation. We therefore ask that these reservations be placed on record alongside those that have been expressed by previous speakers.

Mrs. Ravilova-Borovik (Russian Federation) (*spoke in Russian*): My delegation would like to register our position with respect to the Political Declaration (resolution 70/266, annex) we have adopted today. There is no doubt of the need to step up our efforts to combat and further prevent the spread of HIV. However, it is our view that the main responsibility for protecting the population from the spread of infection lies with States. In that regard, we welcome the inclusion of a provision in the Declaration indicating that its implementation will take into account and respect the sovereign rights of Member States based on the traditions and norms existing in those countries.

We are disappointed by the fact that, unlike the 2011 Declaration, the focus of this document has shifted away from real measures that could assist countries and the international community to put an end to the epidemic by 2030, including prophylactic measures to prevent risk-taking behaviours, and towards other questions that do not enjoy the broad consensus of international support. Similarly, the text relies on concepts that are not reflected consistently or anchored in other agreed intergovernmental documents.

In this vein, my delegation would like to express its reservations to be placed on record: on the concept of harm reduction, as set forth in paragraph 43 of the Declaration; paragraphs 42 and 62 (d); the obligations to reform national legislation with respect to the infected populations, as specified in paragraphs 63 (b), 63 (e) and 63 (g); the concept of key populations, which does not enjoy international support, as contained in paragraph 62 (e); the equating of narcotics users with consumers who inject drugs, as laid out in paragraph 43; the wording on general sexual education, as used in paragraphs 61 (c) and 62 (c).

My delegation believes that these provisions will be implemented only if they are in line with our national policy, traditions and customs.

Mr. Al-Kumaim (Yemen) (*spoke in Arabic*): At the outset, I too would like to thank the co-facilitators. I to underscore the need to combat HIV/AIDS, which is apparent in the unanimous adoption of the Political Declaration on HIV and AIDS (resolution 70/266, annex). However, the Declaration includes formulations that give rise to the reservations expressed by the representatives of Libya, the Sudan, Egypt and Saudi Arabia, given that they run counter to our national legislation. As a result, we we ask that these reservations be placed on record.

The Acting President (*spoke in Arabic*) I give the floor to the Observer of the observer State of the Holy See.

Monsignor Grech (Holy See): My delegation is wholeheartedly in support of efforts to intensify our collective commitment to ending the AIDS epidemic by 2030, and to accelerate and scale up the fight against HIV internationally, which is the primary aim of the

Political Declaration on HIV and AIDS (resolution 70/266, annex). We recognize that this goal will not be achieved unless we meet the needs of those most vulnerable to infection, and especially those who continue to lack access to prevention, treatment and health-care services due to discrimination, stigmatization and poverty.

However, while discrimination and stigmatization must be combated, it is of vital importance to distinguish between policies that discriminate and stigmatize unjustly and those put in place to discourage risk-taking behaviours and to encourage responsible and healthy relationships, especially among youth. In this regard, the Holy See continues to call attention to the undeniable fact that the only safe and completely reliable method of preventing sexual transmission of HIV is abstinence before marriage and respect of mutual fidelity within marriage. The Holy See, in conformity with its nature and particular mission, especially keeping in mind the work of the Catholic Church with regard to the HIV/AIDS epidemic, wishes to express the following reservations on some of the concepts used in the Political Declaration.

Regarding the terms "sexual and reproductive health", "sexual and reproductive health-care services" and "reproductive rights", the Holy See considers these terms as applying to a holistic concept of health. The Holy See does not consider abortion, access to abortion or access to abortifacients as a dimension of those terms.

With reference to the terms "contraception", "commodities", "condom use" and any other terms regarding family-planning services and regulation of fertility concepts in the document, the Holy See reaffirms its well-known position concerning those family-planning methods that the Catholic Church considers morally acceptable and, on the other hand, family-planning services that do not respect the freedom of spouses, human dignity and the human rights of those concerned.

In relation to the first and second paragraphs of this statement of position, the Holy See reiterates its statement and reservations as set out clearly and more fully in the reports of the 1994 International Conference on Population and Development (A/CONF.171/13), the 1995 Fourth World Conference on Women (A/CONF.177/20/Rev.1) and their respective follow-up conferences. In particular, my delegation understands, in accordance with paragraph 15 of chapter I of the annex of the 1994 report of the International Conference on Population and Development, that no new rights or human rights were created; that, in accordance with paragraph 24 of chapter VII, recourse to abortion may never to be had for purposes of family planning; and that, in accordance with paragraph 25 of chapter VIII, abortion is a matter to be determined in accordance with national legislation.

With reference to "gender", the Holy See understands the term to be grounded in the biological sexual identity and difference that is male or female. Regarding the concept of "gender norms" and "gender stereotypes", the Holy See does not recognize the idea that gender is socially constructed; rather, gender recognizes the objective identity of the human person as born male or female.

With respect to "comprehensive education" or "information" on sexual and reproductive health, the Holy See reiterates the primary responsibility and the prior rights of parents when it comes to the education and upbringing of their children, as enshrined, inter alia, in the Universal Declaration of Human Rights and the Convention on the Rights of the Child. In that sense, the Holy See wishes to underline the centrality of the family, as well as the role, rights and duties of parents to educate their children.

The Holy See would kindly request that these reservations be placed on record, particularly in relation to paragraphs 14, 15, 33, 39, 41, 47, 60 (e), 60 (f), 61 (c), 61 (d), 61 (j), 61 (l), 62 (a) and 62 (c).

The Acting President (*spoke in Arabic*): We have heard the last speaker in explanation of vote after the vote.

I would like to express my sincere thanks to His Excellency Mr. Jürg Lauber, Permanent Representative of Switzerland and Her Excellency Ms. Mwaba Patricia Kasese-Bota, Permanent Representative of Zambia, who so ably and patiently conducted the discussions and complex negotiations in order to bring the informal consultations to a successful conclusion. I am sure that the members of the Assembly join me in extending to them our sincere appreciation.

Before we begin the list of speakers, I would like to turn to some organizational matters pertaining to the conduct of the plenary meetings.

In order to enable maximum participation within the limited time available, I appeal to all speakers to

limit their statements to five minutes when speaking in their national capacity and eight minutes when speaking on behalf of a group. In the light of that time frame, I also appeal to speakers to deliver their statements at a reasonable pace so that interpretation into the six official United Nations languages may be provided properly. To assist speakers in managing their time, a light system has been installed at the rostrum.

Finally, in order to avoid disruption for the next speaker, I seek the cooperation of representatives in remaining in their seats after a statement has been delivered. In that connection, I invite speakers, after delivering their statements, to exit the General Assembly Hall through Room GA-200, located behind the podium, before returning to their seats.

The Assembly will now hear an address by His Excellency Mr. Roch Marc Christian Kaboré, President of Burkina Faso.

President Kaboré (*spoke in French*): Burkina Faso is honoured to participate in this high-level meeting on HIV/AIDS, which gives us the privilege of evaluating, alongside the United Nations community, the progress made in the implementation of the Political Declarations and commitments on HIV/AIDS of 2001, 2006 and 2011.

From this rostrum, I recall that we have regularly produced and conveyed to the Joint United Nations Programme on HIV/AIDS (UNAIDS) our activity reports on our response to AIDS in Burkina Faso, which identify the progress made in achieving the different indicators defined by the United Nations. In terms of coordination and leadership, our National AIDS and Sexually Transmitted Infections Council, which I chair, has held regular sessions since its establishment in 2001. We have happily shared this governance exercise in our national response to HIV with the countries of the subregion.

In 2015, the Government decided to put together a fourth document of guidelines for the national response to HIV, known as the National Strategic Framework to Combat HIV, AIDS and Sexually Transmitted Infections. Drafted to cover the period 2016-2020, the document should allow us to speed up our achievement of results in regard to prevention and management. This new tool is part of the vision of third-generation national strategic plans, as defined by UNAIDS, which focus on the priorities for interventions with clear and evident impact. The National Strategic Framework was developed with a view to implementing the UNAIDS international strategies to fast-track the effort to end the AIDS epidemic by 2030, pursuant to Sustainable Development Goal 3 of the 2030 Agenda for Sustainable Development (resolution 70/1) on the horizon, which is the new global reference point for development.

The fight against HIV, AIDS and sexually transmitted infections is a key priority of Burkina Faso's national development strategy. Concrete results include, inter alia, the maintenance of the downward trend and stabilization of HIV prevalence, the improvement of access to treatment for those living with HIV, strong leadership at the highest level of the State, and the search for innovative mechanisms to mobilize resources, especially at the national level. The significant social mobilization of stakeholders and the involvement of all development partners in the response have made a major contribution to these results. As a result, according to the 2015 report of the Joint United Nations Programme on HIV/AIDS, the prevalence rate declined from 1.2 per cent in 2011 to 0.9 per cent at the end of 2014.

In terms of prevention, efforts have been made to meet the needs of all specific groups that are vulnerable and at high risk of HIV infection. In addition to the gains made in the area of screening, priority has been given to preventing mother-to-child transmission of HIV, with a coverage rate of 98.22 per cent of health-care centres and an improvement in women's enrolment rates in such programmes, to 86.06 per cent in 2015.

We have noted a regular increase in the number of people receiving antiretroviral treatments and in the number of health-care centres providing such care to approximately 100, which have been free of charge since 2010. At the end of 2015, a total of 52,248 people living with HIV were being given antiretroviral treatment, including 49,955 adults and 2,293 children.

Legal protection efforts to combat the stigmatization of and discrimination against people living with HIV and affected persons have been maintained through enhancing their access to legal services; awareness-raising programmes on combating stigmatization and on human rights in the context of HIV; the publication and dissemination of legal and regulatory texts on HIV; and the holding of public-awareness media campaigns on the stigmatization of and discrimination against persons living with HIV.

In terms of financing the fight against HIV, AIDS and STDs, it is important to recall that the efforts made to call for the mobilization of domestic resources have been translated into an increase in State budget allocations since 2012 through the creation of a line item on financing the combat against HIV and by substantially increasing its contribution with respect to the commitments made. Indeed, funding in the State budget rose from $8 million in 2013 to $17 million in 2014.

Clear and relevant results have been obtained given the national response to HIV and the many political and strategic opportunities available; however, in spite of these gains, challenges remain that we need to take up so as to overcome this epidemic. Therefore, it is both necessary and urgent to reformulate strategies to adapt them to real needs, both for the general population and for specific vulnerable and high-risk groups, so as to ensure control of the epidemic and ensure that there is no rebound. We must also better target interventions and strengthen gender mainstreaming and the human rights component in efforts aimed at prevention, care and support.

Against that backdrop, Burkina Faso, through me, wishes to reaffirm its commitment to stepping up efforts to prevent and treat HIV in order to put an end to the AIDS epidemic by 2030. In order to do so, significant progress will need to be made in the following key areas: a reduction in the number of new infections among populations, including among women, youth and specific groups identified as centres of the HIV epidemic; the elimination of mother-to-child transmission of HIV; and the achievement of the 90-90-90 objective by 2020.

The long-term alternative for financing the national response to HIV will involve the development of innovative strategies to leverage internal resources, given that external financing continues to decline. I therefore reaffirm the commitment of my Government to maintaining and increasing, in the coming years, State budget allocations for financing the strategic national framework to fight HIV, AIDS and STDs.

I pay tribute to the great commitments made by those living with HIV, civil-society actors, researchers and all persons who day and night have dedicated themselves to combating HIV/AIDS and to protecting and supporting those persons who are infected or affected.

In closing, I reiterate my appreciation to all of the technical and financial partners that are helping us in our steadfast fight. I would like to call upon them to maintain and strengthen their support, which is vital, especially to African countries, to make it possible to put an end once and for all to the AIDS epidemic and help prevent the marginalization of our continent.

I would remind the Assembly that sub-Saharan Africa receives less than 1 per cent of the total investment in health care and that less than 2 per cent of antiretroviral medications are produced in Africa. We must therefore wage a global fight against AIDS in a context of strong international solidarity. Such efforts, combined with synergetic actions underpinned by sustained and visible political will, will ensure the success of our struggle against this scourge by 2030. May we be fully successful.

The Acting President (*spoke in Arabic*): The Assembly will now hear an address by Her Excellency Ms. Roxana Guevara, Vice-President of the Republic of Honduras.

Ms. Guevara (Honduras) (*spoke in Spanish*): Our presence at this high-level meeting on HIV/AIDS demonstrates the significance of this issue for humankind. For my country, Honduras, it is great importance because it involves a set of circumstances that influence the development of our people.

Given the importance of a response to the HIV/AIDS epidemic, our Government established a delegation with representatives of key populations affected by the epidemic, who are working hard to defend the human rights of people with HIV as well as sexual diversity.

The current situation of the HIV epidemic means that we have to act urgently and make effective efforts and well-thought-out investments in the framework of comprehensive development perspectives that will allow us to reduce drastically and in the short term new infections and deaths resulting from the epidemic, a goal set out in the Fast-Track strategy of the Joint United Nations Programme on HIV/AIDS (UNAIDS).

We must recognize the strategic importance of prevention in order to guarantee access to key segments of the populations that are lagging behind, with an emphasis on adolescents and young people and employing a comprehensive approach that eschews discrimination, stigmatization, homophobia, gender violence and physical abuse and violence.

Today, before the Assembly, we wish to deeply deplore and vigorously condemn the heinous assassination of Mr. Rene Martínez, a well-known leader of the LGBTI community of Honduras, a crime of a homophobic nature that occurred last Friday.

Our determination at the inter-institutional level is to make real, concrete efforts to ensure the protection of sexual diversity, thus guaranteeing full respect of human rights. The Government of Honduras ordered a complete and thorough investigation to find those responsible and apply the full weight of the law. We express our most sincere condolences to the family members and communities of sexual diversity. We appreciate the support that the United States of America has offered to my Government to help to clarify that crime. Impunity will not be tolerated.

Honduras is a country with severe resource limitations, but with a strong will to further strengthen programmes for prevention, care, treatment, support and respect for people living with HIV. We have made progress, but much remains to be done. I therefore appeal for the solidarity of the donor countries as they continue to support our efforts and programmes. We also appeal to those who, for various reasons, have withdrawn their assistance to restore it because progress on HIV at the national level is also a contribution to the international community. The fight is not an individual one; it is up to us all.

The situation of the human rights of people with HIV and of key and neglected populations who lack assistance should be a priority. Respect for their rights should be guaranteed and all forms of violence and discrimination that persist in my country should be eliminated, along with the legal barriers to their access to testing and care services, including antiretroviral treatment. We must focus on adolescents, young people and the exercise of other rights besides health services, such as the rights to work, education and decent housing. The efficient use of available resources to respond to the epidemic must focus on the key populations exposed, as well as Afro-descendants, indigenous persons, detainess, migrant and mobile populations, women and men, adolescents and youth.

I stress that the response to the HIV epidemic is not an individual task, but a task for us all, helping the various sectors and actors to join forces with the political leadership, with the support of international cooperation, to address those gaps and challenges and achieve the ultimate goal of zero new infections, zero deaths from HIV and zero discrimination through sustainable and lasting strategies to utilize and allocate resources on a permanent basis and without conditions. We must make use of diagnostic tests, strategies of comprehensive sex education, the promotion of responsible sexual behaviour, national laws that protect the live of the unborn, and comprehensive health care and antiretroviral treatment for all who need it in a timely manner and at no cost, with access to generic drugs of quality and at low cost.

I cannot close this statement without emphasizing the leadership of UNAIDS in our country as a coordinating body for political and technical dialogue at the level of Government, civil society and development partners. It is essential that the Organization continues to support the national agenda to eliminate the epidemic by 2030. I respectfully request donor countries to maintain their support to UNAIDS so that its presence in Honduras can be maintained. We acknowledge the help of the Global Fund to Fight AIDS, Tuberculosis and Malaria, the agencies of the United States President's Emergency Plan for AIDS Relief, sponsor agencies of UNAIDS and cooperation bodies for their support to our countries, where inequality persists as a social barrier.

On behalf of Honduras, I affirm that time has run out. There is no tomorrow. Today is the day. This is the moment. We are talking about human beings; we are talking about valuable human lives. In Honduras, we value life, even the lives of those who are not yet born. I wish to share the feeling of a Honduran who lives day to day with HIV, and who is a member of our delegation. In Garifuna, she says, "*Migra jamaba wabuwua*", which means "Do not abandon us". I thank members for listening to the anguished feelings of Honduras. Ending this tragedy once and for all depends on everyone present here.

The Acting President (*spoke in Arabic*): The General Assembly will now hear a statement by His Excellency Mr. Timothy Harris, Prime Minister, Minister for Sustainable Development, National Security, People Empowerment and Constituency Empowerment of St. Kitts and Nevis.

Mr. Harris (Saint Kitts and Nevis): I am pleased to address the Assembly on behalf of the 14 States members of the Caribbean Community (CARICOM) at the United Nations. In that regard, I speak in my capacity as the CARICOM Lead Head with responsibility for

human resources, health and HIV. More than ever, CARICOM member States recognize that confronting the challenges to fast-tracking the response to HIV and AIDS collectively and in global solidarity is our best option for ending the AIDS epidemic by 2030. Moreover, we in the Caribbean aspire to be the first region in the world to get to zero. We can certainly reach that goal with the support of the global community.

Since the most recent United Nations high-level meeting on AIDS, held in June 2011, our region has made great strides. That is demonstrated by the facts that between 2006 and 2015, the HIV prevalence rate was halved from 2.2 per cent to 1.1 per cent; the estimated number of people living with HIV receiving antiretroviral therapy increased from under 5 per cent to 44 per cent; and deaths from AIDS-related causes declined from approximately 20,000 to 8,800. Our aspiration is to be the first region in the world to end mother-to-child transmission of HIV.

Those successes should not lure us into a state of complacency. The Caribbean, for all its successes, is still second to sub-Saharan Africa in its prevalence rate. The vast majority of people living with HIV are concentrated in three Caribbean countries. In those three countries, prevalence among the key risk groups, such as men who have sex with men, can be as high as 32 per cent. In many countries, data is increasingly revealing a spike in prevalence among women and girls. That trend, of course, needs to be stopped.

What are the lessons learned and how can we eliminate AIDS by 2030 in keeping with the 2030 Agenda for Sustainable Development (resolution 70/1) to which all CARICOM member States are committed? We are fortunate to enjoy the global and regional leadership of Joint United Nations Programme on HIV/AIDS (UNAIDS). It has demonstrated what can be achieved through a coordinated policy to fast-track the response to AIDS. We are fortunate, too, to have the Global Fund for AIDS, Tuberculosis and Malaria, without whose investments many countries like ours in CARICOM would not survive those diseases. We are particularly indebted to the United States President's Emergency Plan for AIDS Relief, among other development partners, for keeping faith in the region as a whole as we move forward towards 2030.

Like many other regions in the world, CARICOM recognizes that the 2030 Agenda for Sustainable Development (resolution 70/1) provides new perspectives, challenges and opportunities. Consequently, we are placing greater emphasis on building capacity to gather and analyse reliable disaggregated data in a timely basis to inform our policies; applying the lessons learned from the AIDS movement to strengthen our health systems and to consolidate an integrated public health response, which is so essential in this period of health emergencies of which Zika, dengue and Ebola are among the latest manifestations, as well as to address HIV and non-communicable diseases; identifying the imperative of health convergence and universal health coverage as mechanisms for effectively coordinating approaches and monitoring progress on a range of health and development issues; placing emphasis on access to affordable medicines in fulfilling the right to health, thereby maintaining the momentum of activists in the early 2000s and the call by the Global Commission on HIV and the Law for using the flexibility of the trade-related aspects of intellectual property rights to achieve this end.

In this regard, it is worth mentioning that through the initiative of CARICOM Ministers of Heath with the technical assistance of UNAIDS and the Pan American Health Organization, the Caribbean was the first region in the world to negotiate and sign an agreement with six pharmaceutical companies in 2002 in Barcelona. This reduced the price of drugs by between 85 and 90 per cent. It started a process in collaboration with the Clinton Foundation, leading to a dramatic increase in the number of people on HIV treatment in low and middle-income countries with very significant cost savings, estimated at $325 billion to date. Yes, the Caribbean takes credit for being a catalyst in this venture and is pleased to note that the Secretary-General has appointed a high-level panel to look at the challenges of access to medicines. We look forward to the outcome of its work.

On behalf of the Caribbean Community, I join in solidarity with representatives from across the world in commending the Assembly and the co-facilitators who were appointed for the negotiation of the bold Political Declaration (resolution 70/266, annex) that has been adopted at this meeting. These sentiments were echoed at a breakfast caucus of representatives from our region only this morning.

As we move forward, we recognize that the Political Declaration from this high-level meeting provides useful guidelines. We realize too, that these global guidelines are most effective if we take into

consideration the special cultural, political, social and economic circumstances of the regional and national communities to which they apply. Our approach includes, among other elements, an emphasis on the health of women, girls and adolescents in the Every Caribbean Woman Every Caribbean Girl Initiative and complementarity between the Pan-Caribbean Partnership against HIV/AIDS and the Caribbean Public Health Agency.

CARICOM countries are making every effort to achieve the level of financial sustainability required to achieve the targets for ending AIDS. Nevertheless, we will continue to advocate against the insidious classification based on gross domestic product only. We call for greater access to concessional funding for HIV and other development areas. We take this view because such a classification fails to include other conditions and vulnerabilities that impede small economies like our own and those of other small island developing States. In this vein, we call on the international community, in particular development partners, to safeguard access to special funding and financing for middle-income countries, in particular those in the Caribbean, as we work to maintain the gains of our HIV response and commit to accelerating action towards ending AIDS by 2030.

In closing, on behalf of my fellow CARICOM Heads of Government, in thanking the Secretary-General for his leadership, which extends beyond this High-level Meeting, we in the Caribbean pledge our support for the Political Declaration to be implemented in accordance with our national circumstances and priorities. We acknowledge that it is part of a legacy to the world order, as well as a significant commitment to promoting the health and well-being of all of our citizens.

The President (*spoke in Arabic*): The Assembly will now hear an address by His Excellency Mr. Barnabas Sibusiso Dlamini, Prime Minister of the Kingdom of Swaziland.

Mr. Dlamini (Swaziland): The Kingdom of Swaziland is pleased to participate in this high-level meeting on ending AIDS, and proud to have been a signatory to all global declarations for HIV from the first in 2001 to 2011. We thank the regional clusters, and for our part the African Union, which has advocated for the continuation of high-level commitments to HIV and AIDS as a priority in the global agenda. These endeavours have culminated in a common African position to this high-level meeting on ending AIDS.

Allow me to join the other Heads of States in applauding the unanimous adoption of the Sustainable Development Goals (SDGs) last year. It is important to acknowledge that the SDGs mainstream HIV, as it features prominently in five of the Goals. The 2016 Political Declaration on HIV and AIDS: On the Fast-Track to Accelerate the Fight against HIV and to end the AIDS Epidemic by 2030 (resolution 70/266, annex) in the age of sustainable development comes at a time when, while acknowledging the major successes in the HIV response, we commit fully to the new Declaration and the next steps.

Swaziland subscribes to the global agenda to end AIDS by 2030. In fact, we aim to end AIDS in the Kingdom of Swaziland by 2022. That means accelerating to reach our targets in reducing new HIV infections, in the roll-out of treatment and in the elimination of all forms of HIV stigma and discrimination. This will require a greater involvement of people living with HIV and of men as strategic partners for HIV prevention and treatment. We must create safety nets that address the vulnerabilities faced by young women and girls. HIV treatment needs to be extended beyond the health system and people who are living with HIV by strengthening the role of communities. This will improve adherence to lifelong treatment, create efficiencies in service delivery and reduce new infections. I recognize the need to frontload the midterm costs for the HIV and AIDS response. While the Kingdom of Swaziland remains committed to financing the response, we also encourage global development forums to prioritize discussions about sustainable financing for HIV and AIDS.

The agenda for ending AIDS by 2030 will be accomplished through the identification and improved collaboration within regional blocs. This will create efficiencies in pool procurement, HIV research and technology thereby reducing costs and promoting sustainable regional HIV response. I would like to conclude by echoing that the Kingdom of Swaziland remains committed to the global and regional agenda to end AIDS.

The Acting President (*spoke in Arabic*): The Assembly will now hear an address by His Excellency Mr. Ruhakana Rugunda, Prime Minister of the Republic of Uganda.

Mr. Rugunda (Uganda): I am here representing President Museveni of Uganda, who would have wanted to be present, but due to other engagements, he could not be. The subject of combating HIV/AIDS is a top priority for him. His leadership on the matter started in the late 1980s and continues to bear fruit today. This high-level meeting of the General Assembly to adopt the Political Declaration on HIV and AIDS: On the Fast-Track to Accelerate the Fight against HIV and to End the AIDS Epidemic by 2030 (resolution 70/266, annex) is timely and urgent and deserves our total support.

The Government of Uganda — working with development partners, the private sector, civil society, religious and cultural leaders and communities — has made significant strides in combating the HIV and AIDS epidemic since the last high-level meeting in 2011. The focus of Uganda's national AIDS response has been to implement high-impact structural, behavioural and biomedical interventions on a scale and intensity sufficient to achieve HIV epidemic control. The implementation of these interventions has led to a reduction in the number of new HIV infections among adults and children, reduction in AIDS-related mortality and improved quality of life among HIV infected individuals. By way of illustration, I would like to share the following details.

Data from the Ministry of Health in Uganda indicate that by the end of 2015, the number of new HIV infections had declined from a peak of 162,000 in 2011 to 83,265. The country is also on the verge of eliminating mother to-child HIV transmission. The prevalence among HIV-exposed infants fell from 19 per cent in 2007 to 9 per cent in 2012, 4.6 per cent in 2013 and 3 per cent by the end of 2015. Accordingly, the number of new infections among children aged zero to 14 years declined from a peak of 31,000 in 2010 to 3,000 at the end of 2015.

The number of people accessing antiretroviral therapy increased from 588,000 at the end of December 2013 to 834,000 in December 2015. There has been an increase in the number of children accessing antiretroviral therapy from 43,000 in December 2013 to 60,000, which is 62 per cent of the estimated 96,000 in need as of December 2015. Consequently, the number of AIDS-related deaths declined from 63,000 in 2011 to 28,000 in December 2015.

An in-depth statistical analysis indicates that Uganda is making steady progress towards the Joint United Nations Programme on HIV/AIDS (UNAIDS) 90-90-90 targets, as illustrated by the following data. First of all, as of December 2015, 945,000 of the estimated 1.4 million HIV-infected population had been diagnosed and linked to care. Secondly, of the 945,000 diagnosed and linked to care, 834,000, which is 88 per cent, were on antiretroviral therapy. Thirdly, based on the viral load testing data, 88 per cent of those on treatment achieved viral load suppression. The Uganda population HIV impact assessment survey, which will commence in July, will provide us with better and current estimates of the number of people infected with HIV, and thereby with a better estimate of the first 90 target.

Despite these achievements, challenges remain that must be overcome in order to fast track the response. For instance, only 55 per cent of Ugandans have ever been tested for HIV. Forty-three per cent of those eligible for antiretroviral therapy are not on treatment. There are limited programmes targeting adolescents and young people and inadequate data for planning for these populations. The response is highly affected by the declining global financing for HIV and AIDS. There is limited domestic funding for sustaining the gains achieved, and stigma and discrimination still exist.

Despite these challenges, the Government of Uganda is striving towards zero new infections, zero HIV-related mortality and morbidity, and zero discrimination by, first, strengthening the adolescent HIV and AIDS programmes to reduce the number of new youth and adult HIV infections by 70 per cent and the number of new pediatric HIV infections by 95 per cent, which is the target for the year 2020; secondly, decreasing HIV-associated morbidity and mortality by 70 per cent by adopting a test-and-treat policy in line with the World Health Organization 2015 guidelines and achieving and maintaining 90 per cent viral suppression by 2020; thirdly, ensuring sustained financing for the HIV and AIDS response through legislation that established the AIDS Trust Fund with a clear accountability framework; and fourthly, upholding human rights during the implementation of interventions without discrimination against key vulnerable populations.

In conclusion, Uganda joins Member States in committing to implement the targets set by UNAIDS and reporting on the 90-90-90 targets. We also stand by the common African position at this high-level meeting, which includes advocating for 95-95-95 targets by 2030

and supporting a political declaration that commits to the bold strategies that aim to end the AIDS epidemic as a public health threat by 2030.

The Acting President (*spoke in Arabic*): The Assembly will now hear an address by His Excellency Mr. Mothetjoa Metsing, Deputy Prime Minister of the Kingdom of Lesotho.

Mr. Metsing (Lesotho): At the outset, let me congratulate Mr. Lykketoft on convening this important and timely meeting, which presents a monumental opportunity for us not only to review progress achieved so far in realizing the Declaration of Commitment on HIV/AIDS, but also to chart a united global response to AIDS, and thereby fast-track the end of the epidemic by 2030.

My delegation wishes to align itself with the statements that will be delivered on behalf of the Group of African States and the Southern African Development Community.

Lesotho has one of the world's highest adult HIV prevalences, at 23 per cent. There are an estimated 52 new infections and 26 deaths due to AIDS each day. An estimated 19,000 children and 300,000 adults are living with HIV in Lesotho. The epidemic has a significant gender bias, with a prevalence rate of 26.7 per cent for women and 18 per cent for men. Although the HIV epidemic has been stable over the years, there has been no significant change in the national adult HIV prevalence since 2005. New HIV infections are still very high, at 17,000 annually, and the challenge is that they surpass the number of HIV-positive clients newly enrolled on antitretroviral therapy.

Lesotho is one of the countries with the world's highest per capita tuberculosis case incidence, at 103 per 100,000, according to the World Health Organization (WHO) *Global Tuberculosis Report 2014*. In 2014 alone, 9,780 new cases of tuberculosis were reported — 47 per cent male, 53 per cent female. Lesotho has the second highest tuberculosis/HIV-positive prevalence. The level is too high to realize the set targets. Although there has been a decline of HIV incidence, the level is still too high to realize the set targets of 90-90-90.

The Government established an AIDS control programme in 2002, and since then its HIV and tuberculosis programmes have repeatedly been scaled up. The proportion of women and men who have been tested for HIV is 84 per cent and 63 per cent, respectively. Forty-one per cent of adults and 57 per cent of children living with HIV were accessing treatment in 2014. Other services that have been scaled up include prevention of mother-to-child transmission of HIV, with 74 per cent of women accessing the services.

Lesotho has also adopted and rolled out the WHO 2015 HIV testing services and HIV prevention, care and treatment guidelines. The Right Honourable Prime Minister of Lesotho, Mr. Pakalitha Mosisili, launched the test-and-treat strategy on 14 April, and the national roll-out was on 1 June, which was last week. The Government, through the Ministry of Health, wants to be more pragmatic in HIV testing services — that is, it is not about just testing everybody, but it is about testing where the yield will be high and identify the number of positive cases.

It is indeed gratifying to note that the Political Declaration adopted at this high-level meeting (resolution 70/266, annex) affirms the global endorsement of the 90-90-90 target, and I specifically note that it extends to children and adolescents living with HIV. We also appreciated the fact that ending pediatric AIDS has been recognized as a major global health priority in the Political Declaration, and that the Declaration has taken on board issues concerning children's and adolescents' timely and ready access to HIV testing, treatment, care and prevention services.

The Joint United Nations Programme on HIV/AIDS should ensure that all partners and initiatives at raising various aspects of HIV treatment are effectively coordinated at the global, regional and national levels in order to ensure coherence, standardized measurements for age-disaggregated data, avoidance of duplication and thereby maximizing their impact.

As a country, we are focusing on an innovative targeted, community-based HIV testing services approach. Our aim is to reach key populations, such as men having sex with men, sex workers, migrant populations, prisoners, tuberculosis patients and people with disability, to mention but a few. The Government has set itself a target aligned to the fast-track strategy of achieving the 90-90-90 targets by 2020, that is, 90 per cent of all people with HIV infection are diagnosed, 90 per cent of all those diagnosed receive sustained antiretroviral therapy, and 90 per cent of all people receiving antiretroviral therapy have their viral load suppressed. Moreover, the proper execution of the

revised HIV/AIDS national strategic plan will help us meet our national and global commitments.

As we fast-track our efforts and investment in the coming five years towards ending AIDS as a public health threat by 2030, it is critical that we leave no one behind. As a country, I believe that we can and must do more to reach the most affected populations of our society. With the launch of test-and-treat we are on the right path. However, test-and-treat is not enough. We need to urgently close the gap on new infections that occur daily among the key populations, especially young girls, factory workers, sex workers and men having sex with men.

It is evident that domestic resources are seldom available for reaching key populations. In spite of overwhelming evidence of the high burden and risk faced by them, the global community therefore must not allow these populations to be left behind. Investment for key populations must be increased, and innovative funding methods or models be explored. Reaching the most affected populations of our society must continue to be the hallmark of our global response if we are to achieve our goal. As we look towards the post-2015 era and the new Sustainable Development Goals, there are important lessons learned that we must take forward from the HIV response. Ending HIV and AIDS as a public health threat is not an option, but a must. It can be and must be achieved in our lifetimes. Business as usual is not an option.

The Acting President (*spoke in Arabic*): The Assembly will now hear an address by His Excellency Mr. Paul Biyoghé Mba, Deputy Prime Minister of the Gabonese Republic.

Mr. Biyoghé Mba (Gabon) (*spoke in French*): At the outset, I wish to convey the warm greetings of the President of the Gabonese Republic, His Excellency Ali Bongo Ondimba, who has granted me the honour of representing him at this high-level meeting. These meetings are effectively an opportunity to take stock of the progress made and the difficulties encountered in our efforts to combat this global health and development problem. That is why I would like to express my deep appreciation to His Excellency Mr. Mogens Lykketoft, President of the General Assembly, for taking the initiative to organize this important meeting.

Five years after the adoption of the 2011 Political Declaration, the time has naturally come to take stock. All together, we must learn from our past experiences and define priorities for the future in the context of the Sustainable Development Goals. Since the first case of AIDS in Gabon was declared in 1986, the Government of my country has been firmly committed to the fight against this pandemic — which is one of its priorities for action — in particular through the establishment of a therapeutic solidarity fund to enable infected persons to receive antiretroviral treatment free of charge.

Similarly, in the context of the implementation of the 2011 Declaration, my country, Gabon, has taken significant steps, including by providing free screening, comprehensive care for pregnant women and universal health insurance for laboratory tests and opportunistic infections. In Africa, HIV remains a major threat to public health, as do malaria and non-communicable diseases. It affects our families, our sons, our daughters — all segments of society — without distinction.

Gabon is not immune to its many devastating effects, despite the combined efforts of the Government, civil society organizations, faith-based organizations and the private sector, and the involvement of people living with HIV. The establishment of strategies at the national level is enhanced by my country's active support for all declarations adopted by the international community on this scourge. In Gabon, despite the tremendous efforts made, the fight against HIV/AIDS is far from being won. We must further strengthen our response. The average rate of prevalence of 4.1 per cent that prevailed in 2012 appears to be on the rise since. The HIV prevalence rate of the female population is 5.8 per cent, compared with 2.2 per cent for men.

The acceleration of the response to HIV/AIDS requires a greater mobilization by all. This mobilization should entail, in particular, new forms of stronger partnerships and predictable and sustainable financing mechanisms adapted to the realities on the ground. The economic and financial crisis that the world is facing today has a significant impact on developing countries and thus undermines their capacity to effectively fight against the AIDS pandemic. The progress made thus far could become meaningless if certain countries, such as middle-income countries, including my country, Gabon, remain excluded from the process of international assistance.

Our goal of ending the HIV/AIDS epidemic by 2030, as rightly underscored in the report of the Secretary-General, is possible only if all countries benefit upstream from increased and diversified resources.

Since 2011, several States have achieved tangible results in the AIDS response, but that should not slow down our momentum. In Gabon, the President of the Republic, Head of State, His Excellency Ali Bongo Ondimba, believes that only a strengthened solidarity and an intense mobilization for substantial funding will consolidate gains and accelerate the response to HIV/AIDS.

The meeting rose at 1.20 p.m.